

**CITY OF MIAMISBURG / AUSTIN CENTER JEDD / MIAMI CROSSING JEDD**

**INDIVIDUAL WITHHOLDING REFUND REQUEST**



City of Miamisburg Income Tax Office  
10 N. First St.  
Miamisburg, OH 45342

<https://cityofmiamisburg.com/income-tax>  
Phone (937) 847-6462  
Fax (937) 847-6470

Tax Year: \_\_\_\_\_

**PART I: TO BE COMPLETED BY CLAIMANT**

Please complete all three sections of **Part I** and sign at the bottom. If a refund is due for days worked out of town, complete **Part II**. Employers must complete and sign **Part III** once the claimant has completed their applicable Parts. Once complete, submit this form along with the Miamisburg / Austin Center JEDD / Miami Crossing JEDD W-2, and a completed travel log (if applicable).

Last Name	First Name	Social Security Number
Present Address House Number	Street	Apt.
City	State	Zip Code

Employer Name	Employer Address	Principal Place of Work (Physical Worksite)
City/Township of Residence at time of above employment:		
Reason for Refund (Claimant must provide all pertinent information and facts on which claim is based, explaining fully and concisely why income tax should be refunded):		

1. Medicare Wages (Box 5 on W-2)		\$
2. Amount Allocable to Miamisburg /Associated JEDDs (Part II Line D)	%	\$
3. Miamisburg / Associated JEDDs Income Tax Due (Multiply Line 2 by 2.25%)		\$
4. Miamisburg / Associated JEDDs Income Tax Withheld (Box 19 on W-2)		\$
<b>5. Refund Claimed (Subtract Line 4 by Line 3)</b>		<b>\$</b>

Under penalty of perjury, I certify I have examined the completed Individual Withholding Refund Request form, and all facts and figures given are true and complete to the best of my knowledge and belief, and no such refund has previously been claimed or received by me. I authorize the Tax Administrator to furnish my City of Residence and/or employer a copy of this document.

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

(INSTRUCTIONS, PART II: CALCULATIONS, AND PART III: EMPLOYER CERTIFICATION ON BACK)

**CITY OF MIAMISBURG / AUSTIN CENTER JEDD / MIAMI CROSSING JEDD  
INDIVIDUAL WITHHOLDING REFUND REQUEST**

**INSTRUCTIONS**

An employee who is claiming a refund of taxes withheld must list their employer's name, address, and Principal Place of Work (per Ohio Revised Code section 718.011) and attach a copy of the W-2(s) showing Miamisburg / Associated JEDDs income tax withheld.

A claim for refund by persons under 18 years of age must include verification giving the exact birth date of claimant (i.e. copy of birth certificate or driver's license).

Attach copies of Federal forms and schedules as may be applicable. No refund of \$10 (ten dollars) or less will be issued, per Ohio Revised Code 718.19. Refund requests will not be honored beyond three years from the date the taxes are due. Please allow up to 90 days, from the day the office receives the request, for processing your refund.

**For Days Out Refunds:**

Complete all sections of **Part II**. Total Workdays Available per year are 260 (261 in leap years) unless the employee was employed only part of the year. The following days are **not** considered Qualified Days Worked Out of Town: weekends, holidays, vacation and sick days, training sessions, seminars, meetings, temporary or casual employment (e.g. networking events, working from home out of convenience, etc.). Although they may be outside the city, do not constitute change in work status or Principal Place of Work.

**A date and destination log must be attached.** The City's website has a Travel Log available if needed. Days out claims cannot be approved without a travel log and will be returned to claimant.

**Part III: Employer's Certification** must be completed by an authorized officer or agent.

**PART II: CALCULATIONS**

<b>Part II</b> is only to be completed if you are a non-resident claiming a refund of Miamisburg / Associated JEDDs income tax withheld for Days Worked Out of Town.	
A. Total Workdays Available (260 or 261 in leap year)	
B. Qualified Days Worked Out of Town (Minus from Line A)	
C. Days on The Job in Miamisburg / Associated JEDDs (Minus Line B from Line A)	
D. Percentage Allocable to Miamisburg / Associated JEDDs (Divide Line C by Line A)	%
Line D is carried over on page 1.	

**PART III: EMPLOYER CERTIFICATION**

I hereby certify the claimant was employed by the employer in which I am representing during the period for which said employee makes claim for refund, and the total amount of \$\_\_\_\_\_ was withheld for Tax Year \_\_\_\_\_. No portion of said tax withheld has been or will be refunded to the employee, and no adjustment in withholding remittance has or will be made.

I further declare that the number of days worked in Miamisburg / Associated JEDDs listed above are true and correct to the best of my knowledge and belief and that I am authorized to provide this information, under penalty of perjury.

**Authorized By:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_